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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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officer Resignation
TB 1117 Xd

COVER LETTER

Division of Corporations
SUBJECT: Seidler Productions, Inc. (Name of Corporation)
DOCUMENT NUMBER: M9/721
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robert D. Peidler (Name of Person)
Seidle Productions, Inc. (Name of Firm/Company)
367 Buckhorn Creek Rd.
Sopehoppy, FL 3235F (City/State and Zip Code)
For further information concerning this matter, please call:
Robert D. Seidler at (850) 962-2225 (Area Code & Daytime Telephone Number)

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



LAW Offices of John C. Kenny

www.johnkennylaw.com

JOHN C. KENNY ATTORNEY AT LAW

November 6, 2008

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Seidler

Dear Sir:

Enclosed please the officer/director resignation form which my client has executed. Please effectively remove Ms. Seidler as President or as listed officer anywhere within Seidler Productions, Inc.

Thank you for your time and attention to this matter.

Sincerely yours,

SUMMER R. DAVIS

SRD/md

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TASSER OF THE STATE OF THE STAT

1, Amy Seidler	_, hereby resign as_	President (Title)	<i>***</i> *********************************
of Seidler Productions	Inc.		
(Document Number, if known), a corpo	oration organized und	er the laws of the State of	
Florida			

Ary Scidle (Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314